



# Board of Veterans Services

## New Veterans Care Center Presentation

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# What do they do, how many there are, and who gets in?

## LTCF for veterans; four levels of care

- Virginia's veterans care centers deliver four levels of care to Virginia's veterans:
  1. Skilled nursing
  2. Alzheimer's/memory
  3. Rehabilitation
  4. Assisted Living (domiciliary) – Roanoke only

## All 50 states have them

- 157 state veterans homes (SVHs)
- All 50 states and Puerto Rico
  - CA, TX = 8 SVH each; FL, MO, and OK = 7 each
- First SVH established 1864 (Connecticut)
- Federal operating supplement – 1888
- Federal construction grants – 1930
- More planned: 12 new construction and 8 bed replacement projects on USDVA FFY20 priority list

## Virginia has two and is building two more

1. Virginia Veterans Care Center, Roanoke (1992)
2. Sitter & Barfoot Veterans Care Center, Richmond (2007)
3. Jones & Cabacoy Veterans Care Center, Virginia Beach (2022)
4. Puller Veterans Care Center, Vint Hill, Fauquier County (2022)

## Eligibility requirements vary by state

- Residency (current, minimum number of years, etc.)
- Character of military service (honorable discharge, other than dishonorable, etc.)
- Veteran has medical need for level of care provided
- SVH can provide level of care the Veteran needs
- Period of service (all periods, wartime, etc.)
- Means test (ability/non-ability to pay)
- Non-veteran (spouse, Gold Star family member)



# New Veterans Care Centers – Overview and Timeline

## Jones & Cabacoy Veterans Care Center

- 25 acres donated by the City of Virginia Beach
- Named for two Virginia heroes:
  - Col William A. Jones, III, USAF, MOH recipient, Vietnam
  - SSgt Christopher Cabacoy, U.S. Army, Killed in action, Afghanistan, 2010. Virginia Beach native

## Puller Veterans Care Center

- 30 acres donated by Vint Hill EDA and Vint Hill Village (Fauquier County)
- Named for three Virginia heroes/public servants:
  - Lt General Lewis B. (Chesty) Puller
  - Lewis B. Puller, Jr.
  - Linda T. (Toddy) Puller

Event/Milestone	Puller VCC	J&C VCC
State funding committed	2015/16	2015/16
Land donated	2016	2016
Design complete	March 2019	March 2019
VA awards matching grant	December 2019	December 2019
Contract signed with CM	March 2020	March 2020
Construction started	March 2020	March 2020
Month -8 (hiring starts)	July 2021	December 2021
Construction complete	January 2022	June 2022
Month 1 (1 <sup>st</sup> residents admitted)	March 2022	August 2022
Month 3 (“regular” cycle of admissions begins”)	June 2022	November 2022
Month 17 (target for full occupancy)	August 2023	January 2024
Month 20 (target breakeven)	November 2023	April 2024



# Puller VCC – Birdseye View - Design







# Puller VCC – Birdseye View – October 24, 2019







# Puller VCC – Birdseye View – September 2, 2020







# Puller VCC – Birdseye View – September 2, 2020







# Puller VCC – Birdseye View – December 10, 2020







# Household Interior







# Resident Courtyard







# J&C VCC – night pour – December 10, 2020







# Staffing, Census, and Funding: Basis/Assumptions

- **Staffing:**

- 24/7/365 operations – three shifts/day, plus M-F employees
- “Whole Person” approach to care – blends medical care with recreational, therapeutic, and social opportunities that contribute to overall physical and mental health/well being
- Operate the care centers as symbols of the Commonwealth’s commitment to her veterans
- Hire/train/retain a team dedicated to delivering exceptional, personalized care
- Households are basic unit of direct care delivery. Direct care staffing in multiples of 8 (ex. 1 CNA for 8 residents, 1 LPN for 16 residents, etc.)

- **Census**

- Admissions will average 2/week (or 8/month) until full occupancy (assumes that there will have to be some weeks with 3 admissions/week to make up for losses)
- Target = 95% or greater occupancy

- **Revenue:**

- 55% of residents will be Medicaid; 30% will be VA SCD (i.e. residents who have 70-100% service-connected disability rating; 10% will be private pay (mainly asset drawdown prior to Medicaid qualification); and 5% will be Medicare.
- Proposed change in GOV Introduced budget will help revenues





# Start-up funding and initial operating funds

## Basis/Assumptions

- First staff hired in Month -8
- First residents admitted in Month 1
- Full census (95% or better) will be reached around Month 17
- Revenues catch up 2 months later (Month 19)
  - DVS VCCs operate on a reimbursement basis
  - At the end of the month, DVS bills payer source (Medicaid, Medicare, etc.)
  - 30-60 days later, receive reimbursement check
- Working capital advance (from state treasury) authorized: will cover start-up to break even
- New buildings – should require no major capital/maintenance reserve projects for 4-5 years
- Funding for equipment replacement (ex. – wheelchairs, lifts, etc.) and “routine maintenance” (ex – carpet replacement) will be needed sooner

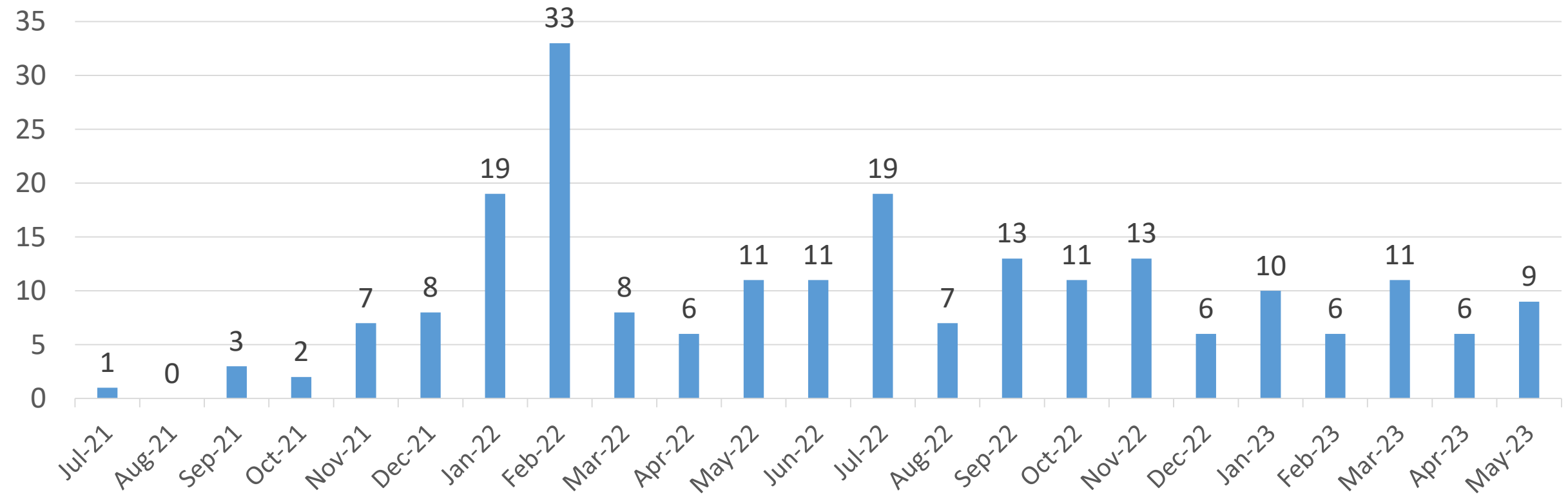




# Hiring Begins Eight Months Prior to Opening

- First Hire is the Administrator
- Next are Director of Nursing, HR Director, Finance Director, Facilities Manager, and Admissions Director

Number of Hires, by Month – Puller Veterans Care Center



**NOTE: Jones & Cabacoy VCC hiring: shift five months to the right**

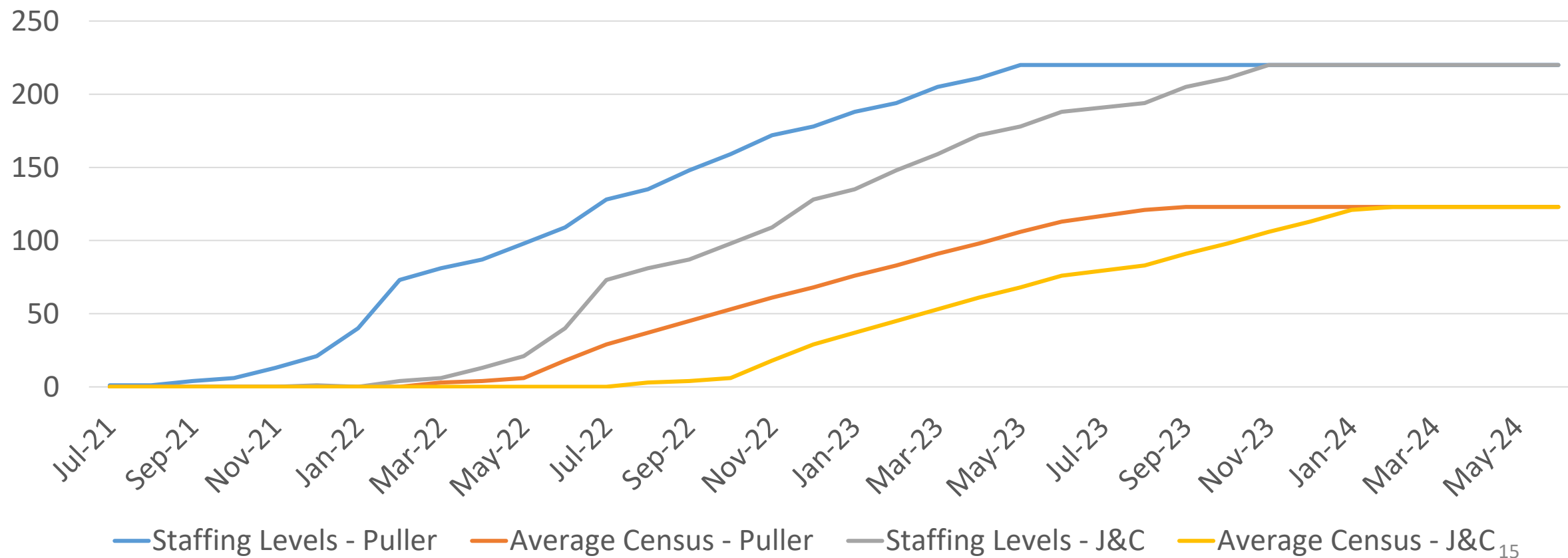




## Staff Levels plateau in Month 15; Census in Month 17/18

- Staff must be hired/trained before residents are admitted
- Admissions will look like a “stair step” pattern: 10 new admissions and 2 discharges per month until target census (95%) occupancy is reached in Month 17

Staffing Levels and Average Census







QUESTIONS/COMMENTS?